Gaudino II study from the aforementioned meta-analysis.

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TREATMENT OF SUBGLOTTIC STRICTURE

To the Editor:

It was a pleasure reading the article by Mercy George and colleagues in the *Journal*.[1] I would like to note that the technique for treating benign subglottic stricture on pages 414 and 415 of their article was described in previously published studies.[2,3]

Figure 1 is a copy of the illustration used in my article.

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Reply to the Editor:

We thank Dr Demos for his comment on our article on the management of pediatric subglottic stenosis with glottis involvement.

The management of glotto-subglottic stenosis is challenging, and its surgical management, therefore, has evolved over the years with descriptions of the surgical technique and its modifications, along with the use of stents. The technique we have used in this large pediatric series is different from that described earlier by Demos and colleagues in 1969.[1,2] Notably, this series is the first pediatric series of its kind. The technique combines a subglottic resection and thyrotracheal anastomosis with a posterior cricoid split and costal cartilage graft for glotto-subglottic stenoses. This operation was named ''extended partial cricotracheal resection.'' The LT-Mold prosthesis is also different in that it calibrates the supraglottic and glottic spaces in the abducted position of the vocal cords, while restoring a triangular shape to the glottis with a sharp anterior laryngeal commissure.[3] All currently available stents are round or cigar shaped and do not restore a triangular glottis, especially in the case of vocal cord synechia or grade IV transglottic stenosis. The use of the LT-Mold prosthesis has significantly diminished the incidence of postoperative granulations that require repeat endoscopic/open procedures. This study was therefore a synthesis of our experience of complex pediatric glotto-subglottic stenosis that documents the evolution of the technique with an emphasis on the silicone LT-Mold.

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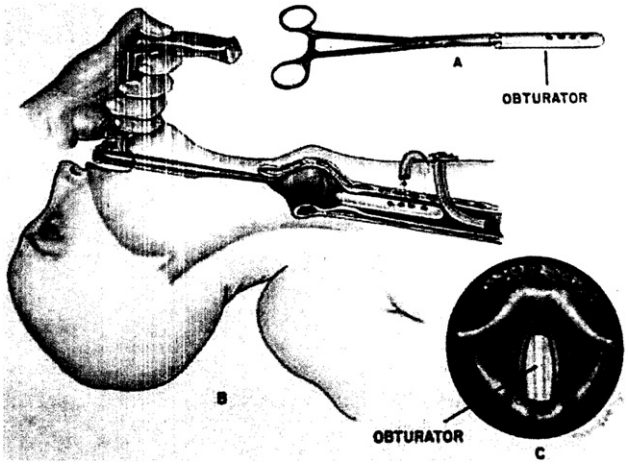

FIGURE 1. Temporary plastic obturator in upper trachia and glottis fixed with wire. Reprinted with permission.[2,3]

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THE FUTURE OF CARDIAC SURGERY

To the Editor:

What is the future of cardiac surgery? This question undoubtedly brings to mind images of fancy new technology, robots, stents, lasers, and other minimally invasive or futuristic techniques.